

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 121 Office of Registrar 15th Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two or four hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31, 1887

Full Name of Deceased, Catherine Faulkner

Sex, Male or Female, Female

Age, 4 Years, 3 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, None

Birth Place, Bath

Duration of Residence in the City of Baltimore, all her life

Place of Death, 113. Hughes St

Cause of Death, Congestion of Brain

Duration of Last Sickness, 1 day

Place of Burial, New Cathedral

Date of Burial, June 1st / 87

Undertaker, C. F. Branson & Son

Place of Business, 703 Hanover Address, 578 Hanover St

Medical Attendant, Herbert C. D. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 122*

Office of Registrar of Vital Statistics.

Ward *10*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 1 - 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Edith Mitchell*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *4* Years, *5* Months, Days.

Color *Ed*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Charles Co Md.* ✓

Duration of Residence in the City of Baltimore, *9 mos.*

Place of Death, { Give Street and Number. } *631 Penns Alley*

Cause of Death, { First (Primary), Second (Immediate), } *Whooping Cough*
Pneumonia

Duration of Last Sickness, *3 wks.*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *June 2/87*

Undertaker, *C. J. Scriven* *Wm. Chandlee* M. D.

Medical Attendant.

Place of Business, *925 Madison Ave* Address, *1019 Linden Av*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 123 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months, 4 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 30 Leadenhall St.

Cause of Death, { First (Primary), Marasmus. Second (Immediate), Convulsions. }

Duration of Last Sickness, A month

All the above information should be furnished by the Physician.

Place of Burial, Mayers Cemetery

Date of Burial, 2nd June

{ Undertaker, Th Bricle { Spencer & Free M. D. Medical Attendant.

{ Place of Business, 112 Henrietta { Polyclinic Address, 412 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

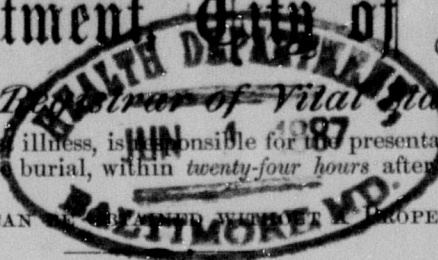
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 124 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.



D

CERTIFICATE OF DEATH.

Date of Death, May 30. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Wright

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, 4 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Seamstress

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 66 years

Place of Death, { Give Street and Number. } 1811 E Madison St

Cause of Death, { First (Primary), Second (Immediate), } Dyspepsia
Chronic Diarrhoea

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, June 2ⁿ 1887

James D Byrne L. A. Monmonier M. D.
{ Undertaker, Medical Attendant. }

No 63 N Trent Address, Haviley, Md.
{ Place of Business, }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. 125 Office of Registrar of Vital Statistics. Ward 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday June 15th 1887

Full Name of Deceased, ^{ Write legibly and spell correctly. If an Infant not named, give names of parents. } May E. Woods.

Sex, Male or Female, ^{ Cross out the word not required in this line. } Female

Age, 23 Years, 23 Months, — Days.

Color, White

Married, Single, Widow or Widower, ^{ Cross out the words not required in this line. } Single

Occupation, —

Birth Place, ^{ State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Life time.

Place of Death, ^{ Give Street and Number. } 8 Forrest Place

Cause of Death, ^{ First (Primary), Second (Immediate), } Nasal & Pharyngeal Diphtheria
Blood poisoning with Exhaustion

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Ct

Date of Burial, June 2nd 1887

Undertaker, Ernest Spence Wilmer Brinton M. D.

Medical Attendant.

Place of Business, 1000 E. Baltimore Address, Chas St & Forrest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 120 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1887

Full Name of Deceased, Leziah Mucks { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, ✓ Months, ✓ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Master

Birth Place, Baltimore City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During Life

Place of Death, W. Biddle St # 535 { Give Street and Number. }

Cause of Death, Congestion of Brain { First (Primary), Second (Immediate), }
caused by intemperance

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2^d 1887

{ Undertaker, John J. Andrews Medical Attendant.

{ Place of Business, 10407 David Hall St Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 127 Office of Registrar Ward 17 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 87

Full Name of Deceased, John Leo Sheeman { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 11 Years, 14 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, since birth

Place of Death, 24 E. West St. { Give Street and Number. }

Cause of Death, Capillary { First (Primary), }
Bronchitis { Second (Immediate), }

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 3

Undertaker, B. J. Hare John Smith M. D.

Place of Business, 25 West St. Address, 909 S. Charles St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 128 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not
required in this line. } Female { Parents

Age, _____ Years, _____ Months, 42 Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not
required in this line.}

Occupation, _____

Birth Place, { State or country, and how }
long in the United States, }
if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and
Number. } 663 Burr St V

Cause of Death, { First (Primary),
Second (Immediate), *Respiratory Distress*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Chapel

Date of Burial, June 2 1887

(Undertaker, *W. L. Lick* M. D.

Place of Business _____ Address Box 1120

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. 129 Office of Registrar of Vital Statistics. Ward 12 1/4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Mulligan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 0 Years, 0 Months, 13 Days.

Color, wht

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, md

Birth Place, { State or country, and how long in the United States, if of foreign birth. } md

Duration of Residence in the City of Baltimore, md

Place of Death, { Give Street and Number. } 902 Boetlin St

Cause of Death, { First (Primary), Second (Immediate), } Cyanosis

Duration of Last Sickness, all its life -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Jan 2nd

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave Address, 922 Madison Ave

G Lane Tanyhwa M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

saw the child just after death, only.

[OVER.]

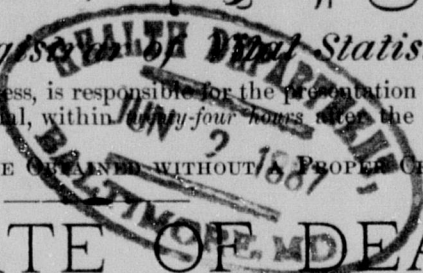
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 130 Office of Registrar of Health Department Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Thompson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 64 Years, 5 Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give Street and Number. } 21 North Schroeder

Cause of Death, { First (Primary), Second (Immediate), } Organic disease of the Heart

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, June 3rd 1887

Undertaker, Jos B Cook C. P. Hoffman M. D. Medical Attendant.

Place of Business, 1003 N Baltimore Address, 702 West Gayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]